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PTO/SB/21 (09-04)

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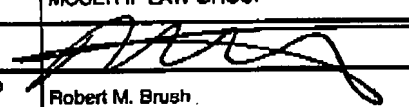
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TRANSMITTAL FORM	Application Number	10/612,189
	Filing Date	3/29/04
	First Named Inventor	Pavan Deolasee
	Art Unit	2114
	Examiner Name	Bonura, Timothy M.
(to be used for all correspondence after initial filing)		
Total Number of Pages In This Submission	3	Attorney Docket Number VRTS 0702

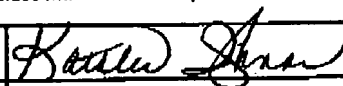
ENCLOSURES (Check all that apply)		
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Remarks The Commissioner is authorized to charge Deposit Account No. 50-3562 for any additional fees, including extension of time and excess claim fees, required to make this response timely and acceptable to the Office.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MOSER IP LAW GROUP		
Signature			
Printed name	Robert M. Brush		
Date	August 30, 2007	Reg. No.	45,710

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Kathleen Faughnan	Date	August 30, 2007

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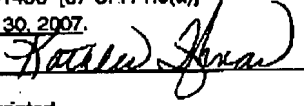
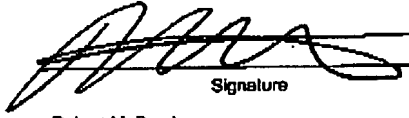
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) VRTS 0702				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 30, 2007. Signature <u></u> Typed or printed name <u>Kathleen Faughnan</u>	In re Application of Pavan Declasee, et al. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/812,139</td> <td style="width: 50%; padding: 2px;">Filed 3/29/04</td> </tr> </table> For METHOD AND APPARATUS FOR PERFORMING BACKUP STORAGE OF CHECKPOINT DATA WITH A SERVER CLUSTER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Art Unit 2114</td> <td style="width: 50%; padding: 2px;">Examiner Timothy M. Bonura</td> </tr> </table>		Application Number 10/812,139	Filed 3/29/04	Art Unit 2114	Examiner Timothy M. Bonura
Application Number 10/812,139	Filed 3/29/04					
Art Unit 2114	Examiner Timothy M. Bonura					
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-3562</u>. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>						
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>45,719</u> . <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____						
<div style="text-align: center;">  Signature <u>Robert M. Brush</u> Typed or printed name <u>(732) 936-7100</u> Telephone number <u>August 30, 2007</u> Date </div>						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						

☐ *Total of _____ forms are submitted.

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